Section 1. APPLICANT - PERSON, ORG	ANIZATION, OR WATER SYSTEM
Name FRED BATT - DENNY Low	RIE Home Tel: (509) 966 - 2866
Mailing Address 3208 MECyphoug H	
City VAKIMA State WA Zip+4 989	103 + FAX:()
Section 2. CONTACT - PERSON TO CA ☐ Same as above	LL ABOUT THE APPLICATION
Name FRED BATT - DENNYLOWRI	E Home Tel:(
Mailing Address 3208 M = CULLOUGH R	**************************************
City JAKIMA StateWA Zip+4 9891	- FAX:()
Relationship to applicant	
Section 3. STATEMENT OF INTENT	
The applicant requests a permit to use not more than cubic feet per second) from a surface water source of curpose(s) of	ATTACH A "I FCAI"
DESCRIPTION OF THE PLACE OF USE. (See instru not sufficient.	SUL = TO THE SACRES SEES, 18, 712 et per year: DON T KNOW 2220 AFR188
needed: From/ to// Section 4. WATER SOURCE	
If SURFACE WATER	If GROUNDWATER
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:	A permit is desired for well(s).
Number of diversions:	
Source flows into (name of body of water):	KSize & depth of well(s): 500 Ft by 4 inch ONE WELL EXISTING OTHER WELL NOT KNOWN
LOCATION	
Enter the north-south and east-west distances in feet nearest section corner: $\mathcal{E}_{X/5} \mathcal{F}_{VQ} \mathcal{E}_{X} \mathcal$	from the point of diversion or withdrawal to the (2) 5 ON OIVIOINC WOYJY 5
	If location of source is platted, complete below:
1/4 of Section Township Range EV	V) County Lot Block Subdivision
5W SE 10 12 18	VAKIMA
JE SW 10 12 18	VAKIMA
For Ecology Use Date Received: JULY 28, 1998 P	riority Date: 544728, 1998
SEPA: Exempt/Not Exempt FERC License #	Dept. Of Health #
Date Accepted As Complete AUGUST 3,/598by PNH	Date ReturnedByWRIA:

ECY 040-1-14 Rev. 9/95 F **APPLICATION**

Appl. No.: 64-32775

Sec A.	Name of system, if named:
В.	Briefly describe your proposed water system. (See instructions.) EXISTING WELL HAS 35 HP & 4 INCH MAINCINES NEW SYSTEM WILL BE DECIDED
	NEW SYSTEM WILL BE DECIDED
C.	Do you already have any water rights or claims associated with this property or system? YES X NO PROVIDE DOCUMENTATION.
	ction 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION ompleted for all domestic/public supply uses.)
A.	Number of "connections" requested: Type of connection 46 M & S (Homes, Apartment, Recreational, etc.)
В.	Are you within the area of an approved water system? If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.
Con	aplete C. and D. only if the proposed water system will have fifteen or more connections.
C.	Do you have a current water system plan approved by the Washington State Department of Health? If yes, when was it approved? Please attach the current approved version of your plan.
D.	Do you have an approved conservation plan? If yes, when was it approved? Please attach the current approved version of your plan.
	ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION omplete for all irrigation and agriculture uses.)
Α.	Total number of acres to be irrigated: 30
B.	List total number of acres for other specified agricultural uses:
	Use Acres Use Acres
C.	Total number of acres to be covered by this application:
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977) Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application; ‡ Acreage proposed to be irrigated under other pending application(s).
	 Is the combined acreage greater than 2000 acres? Do you have a controlling interest in a Family Farm Development Permit? If yes, enter permit no:
E.	Farm uses: Stockwater - Total # of animals
	APPLICATION 6 G
	The state of the s

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

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Provide detailed driving instructions to the project site.

Gakino are - go So. to the lord of 16th - turn Rte. on Silbers to 18th - turn Se. - to M = Cullough - turn Hest - to 40 are. So. turn So. - go to the 1st Rd. - turn Zast - comes right to pause.

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

Section 11. PROPERTY OWNERSHIP

YES - NO Does the applicant own the land on which the water will be used? If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

20 ACRES OF IT - CO-APPLICANT

B. Does the applicant own the land on which the water source is located? If no, submit a copy of agreement:

YES NO

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Landowner for place of use (if same as applicant, write "same")

July 25 - 1998

Date

Ve are returning your application for the following reason(s):											
Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128									
Section number(s)incomplete	is/are	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE									
Explanation:											
Please provide the additional information req	quested above and return your (date).	application by									
	я я										
Cology staff	Date										

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or

APPLICATION

Use this page to continue your answers to any questions on the application. Please indicate section

number before answer.

(360) 407-6006 (TDD).